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CONFIRMATION NO. 2176

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/050,978	01/18/2002 RULE	604	3763	2445	
APPLICANTS Robert C. Beck, St. Paul, MN;					
** CONTINUING DATA ***** This application is a CIP of 09/995,303 11/27/2001 which is a CON of 09/459,225 12/10/1999 ABN This application 10/050,978 01/18/2002 is a CIP of 09/637,529 08/11/2000 and claims benefit of 60/292,614 05/22/2001 and claims benefit of 60/262,866 01/18/2001 and claims benefit of 60/293,856 05/25/2001 and claims benefit of 60/296,592 06/07/2001 (*)Data provided by applicant is not consistent with PTO records.					
** FOREIGN APPLICATIONS *****					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 02/15/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MANUEL A MENDEZ/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance STATE OR COUNTRY MN	SHEETS DRAWINGS 9	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
ADDRESS Beck & Tysver, P.L.L.C. Suite 100 2900 Thomas Avenue S. Minneapolis, MN 55416 UNITED STATES					
TITLE FLUIDIC INTERVENTIONAL DEVICE AND METHOD OF DISTAL PROTECTION					
FILING FEE RECEIVED 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	